

**STIPULATION FOR CONTINUANCE**

Form #1DC12

<b>IN THE DISTRICT COURT OF THE FIRST CIRCUIT</b> <b>_____ DIVISION</b> <b>STATE OF HAWAI‘I</b>	
Plaintiff(s)	Reserved for Court Use
	Civil No.
Defendant(s)	Filing Party(ies)/Filing Party(ies)' Attorney (Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Facsimile Numbers)
Court Date & Time (if any): <input type="checkbox"/> Return <input type="checkbox"/> Pre-Trial <input type="checkbox"/> None	<input type="checkbox"/> Trial <input type="checkbox"/> Other: _____

**STIPULATION FOR CONTINUANCE**

All appearing parties enter a **STIPULATION FOR CONTINUANCE** in the above-entitled matter for the following reason(s):  
(Attach continuation page, if necessary).

By signing this document, we acknowledge that if approved, the new court date is:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ ☐ a.m. or ☐ p.m. ☐ Return ☐ Pre-Trial ☐ Other: \_\_\_\_\_

***(All appearing parties must sign below.)***

Date:	Signature of Plaintiff(s)/Plaintiff(s)' Attorney: Print/Type Name:
Date:	Signature of Defendant(s)/Defendant(s)' Attorney: Print/Type Name:
Date:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Date:	Judge of the above-entitled Court

In accordance with the **Americans with Disabilities Act** if you require an accommodation for your disability, please contact the District Court Administration Office at PHONE NO. 538-5121, FAX 538-5233, or TTY 539-4853 at least ten (10) working days in advance of your hearing or appointment date. For Civil related matters, please call 538-5151.